

**CITY OF RICHMOND HILL  
BUSINESS OCCUPATIONAL TAX CERTIFICATE  
APPLICATION**

(This is NOT a License)

<b>PAYABLE TO:</b> CITY OF RICHMOND HILL P.O. BOX 250 RICHMOND HILL, GA PHONE (912) 756-3345 FAX (912) 756-3368
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PERMITS/INSPECTIONS REQUIRED (IF APPLICABLE)	
BLDG. INSP.	DATE
WATER/SEWER	DATE
SIGN	DATE
HEALTH	DATE
ZONING	DATE

FOR OFFICE USE ONLY	
NEW	RENEWAL
DATE OPENED	
CERT.#	
AMOUNT DUE	
PAYMENT DATE	
CHECK #	

**ALL INFORMATION MUST BE COMPLETED AND SIGNED**

NAME OF BUSINESS: \_\_\_\_\_ CERTIFICATE YEAR: \_\_\_\_\_

PHYSICAL LOCATION OF ABOVE BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

THIS BUSINESS IS TO BE MANAGED BY: \_\_\_\_\_

OWNER OF BUSINESS: \_\_\_\_\_

(CORPORATIONS OR PARTNERSHIPS MUST LIST ALL NAMES & ADDRESSES OF OWNERS OR OFFICERS)

FEI NUMBER: \_\_\_\_\_ SALES TAX NUMBER: \_\_\_\_\_

DOES THIS BUSINESS REQUIRE A STATE LICENSE: \_\_\_\_\_ (IF YES) DATE EXPIRES: \_\_\_\_\_

(PLEASE ATTACH A COPY OF YOUR STATE LICENSE OR CERTIFICATE)

DESCRIBE THE NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**PLEASE FILL IN THE FOLLOWING INFORMATION TO BE USED IN THE COMPUTATION OF FEES:**

The occupational business tax is based on the total gross receipts of the business.

Gross receipts: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Professional practioners may select to pay a computed fee based on gross receipts or a per practioner fee. If per practioner fee is chosen, please submit a separate application for each practioner.

The IRS has issued a ruling that a copy of your Federal Income Tax Return may be required to be attached to your Business Occupational Tax Certificate Application: \_\_\_\_\_ (Please Initial)

I certify that all of the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City Code provides for penalties and certificate revocation for making false or fraudulent statements on this application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE